Attorney Docket No. 1718-0218PUS

## BIRCH, STEWART, KOLASCH & BIRCH, LLP

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## COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: Synergistic interaction of abacavir and alovudine insert Title: FILL in Appropriate the specification of which is attached hereto. If not attached hereto, the application is identified by the attorney docket number as set forth above and/or the following: Information -The specification was filed on For Use Without United States Application Number Specification and amended on (if applicable) and/or the specification was filed on June 24, 2003 Attached: as PCT International Application Number PCT/SE2003/001100 ; and was amended on (if applicable) I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, \$1.56. Regulations, \$1.56.

I do not know and do not believe the same was ever known or used in the United States of America before my or our invention thereof, or patented or described in any printed publication in any country before my or our invention thereof or more than one year prior to this application, that the invention has not been patented or made the subject of an inventor's certificate issued before the date of this application in any country foreign to the United States of America on an application filled by me or my legal representative or assigns more than twelve munths (six months for designs) prior to this application, and that no application for application by me or my legal representatives or assigns, except as follows.

I hereby claim foreign priority benefits under Title 35, United States Code, \$119(a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate in the application on which priority is claimed:

Priority Claimed Prior Foreign Application(s) Priority Claimed Insert Priority V0202022-0 Information: 06/27/02 (if appropriate) (Number) (Country) (Month/Day/Year Filed) No 1/02024744 11/06/02 (Number) (Country) (Month/Day/Year Filed) No П (Number) (Country) (Month/Day/Year Filed) No  $\Box$ (Number) (Country) (Month/Day/Year Filed) No I hereby claim the benefit under Title 35, United States Code, \$119(e) of any United States provisional applications(s) listed below. Insert Provisional Application(a): (Application Number) (Filing Date) (if any) (Application Number) (Filing Date) All Forcign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application: Country Application Number Date of Filing (Month/Day/Year) Invert Requested Information: (If appropriate) I hereby claim the benefit under Title 35, United States Code, \$120 of any United States and/or PCT application(s), including for communition-in-part application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States and/or PCT application in the manner provided by the first paragraph of Title 35, United States Code, \$112, I acknowledge the duty to disclose information which is material to the patentability as defined in Title 37, Code of Federal Regulations, \$1.55 which became available between the filing date of the prior application and the national or PCT international filing date of this application. Insert Prior () S Application(a): (Application Number) (Filing Date) (Status - patented, pending, abandoned) (if any) (Application Number) Page 1 of 2 (Rev. 05/2004) (Filing Date) (Status - patented, pending, abandoned)

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Attorney Docket No. 1718-0218 PUE

I hereby appoint the practitioners at CUSTOMER NO. 02292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written hotice to the contrary:

Send Correspondence to:

CUSTOMER NO(02292)(BIRCH, STEWART, KOLASCH & BIRCH, LLP) Telephone: (703) 205-8000 Facsimile: (703) 205-8050

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. FOLLOWING: GOTAN NAME/FAMILY NAME INVENTOR'S SIGN A PURE DATE: I Februa Residence (City, State & Country) CITIZENSHIP Stockholm, Sweden SB Swedish MAILING ADDRESS (Complete Street Address including City, State & Country) Karlavågen 71, S-114 59 Stockholm, Sweden GIVEN NAME/FAMILY NAME INVENTOR'S SIGNATURE DATE\* Residence (City, State & Country) CITIZENSHIP MAILING ADDRESS (Complete Street Address including City, State & Country) GIVEN NAME/FAMILY NAME INVENTOR'S SIGNATURE DATE\* Residence (City, State & Country) CITIZENSHIP MAILING ADDRESS (Complete Street Address including City, State & Country) GIVEN NAME/FAMILY NAME INVENTOR'S SIGNATURE DATE\* Residence (City, State & Country) CITIZENSHIP MAILING ADDRESS (Complete Street Address including City, State & Country) Full Name of Fift) GIVEN NAME/FAMILY NAME INVENTOR'S SIGNATURE DATE Residence (City, State & Country) CITIZENSHIP MAILING ADDRESS (Complete Street Address including City, State & Country) Pull Name of Sixth Inventor, if any: GIVEN NAME/FAMILY NAME INVENTOR'S SIGNATURE DATE\* Residence (City, State & Country) CITIZENSHIP MAILING ADDRESS (Complete Street Address including City, State & Country) Page 2 of 2 (Rev. 05/2004) \*DATE OF SIGNATURE

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